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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

|                        |  |
|------------------------|--|
| Application Number     | XNAN-1039400                           |
| Filing Date            | June 20, 2006                          |
| First Named Inventor   | SEBASTIAN, Jeffrey                     |
| Title                  | Util of Stem Cell & Fibrobl Products.. |
| Art Unit               | UNKNOWN                                |
| Examiner Name          | UNKNOWN                                |
| Attorney Docket Number | XNAN-1039400                           |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

27111

OR

☐ Practitioner(s) name below:

| Name | Registration Number |
|------|---------------------|
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☐ Firm or  
Individual Name

Address

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State

Zip

Country

Telephone

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Jeffrey Sebastian

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**SIGNATURE of Applicant or Assignee of Record**

Signature

Date 8/29/07

Name

Quynh Sebastian

Telephone

Title and Company

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